

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12		2					62						
13	1						63						
14	1						64						
15							65						
16							66						
17							67						
18							68						
19							69						
20		2					70						
21	1						71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27							77						
28		2					78						
29	1						79						
30							80						
31							81						
32	1						82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40	1						90						
41	1						91						
42	1						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	70						TOTAL DEP.						
TOTAL CLAIMS	87						TOTAL CLAIMS						